



Request for Stamp 4 Support Letter for Doctors with a General Employment Permit

Part One

Employment Permit Holder Details

1. First Name:

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2. Middle Name:

BLOCK CAPITALS

3. Last Name:

BLOCK CAPITALS

4. Date of Birth:

D D M M Y Y

5. PPS Number:

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6. Male:

7. Female:

8. Name of Employer:

BLOCK CAPITALS

9. GNIB Number:

10. Expiry Date of current Employment Permit:

D D M M Y Y

11. Current Address of Employment Permit Holder (must be the address at which they are currently residing in the State):

Address 1:

BLOCK CAPITALS

Address 2:

BLOCK CAPITALS

Town:

BLOCK CAPITALS

County:

BLOCK CAPITALS

Country:

BLOCK CAPITALS

12. Telephone No.:

13. Mobile Phone No.:

14. E-mail address:

Signature of Employment Permit Holder:
(Original signature required)

Title:

Part Two

Requirements for Supporting Documentation

Please attach the following documentation:

- A copy of a recent payslip issued to the holder of the Employment Permit dated within the last 4 months

Part Three

Return Address

Please return this form to:

EPStamp4@enterprise.gov.ie